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APPLICANTS

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** CONTINUING DATA *****

None RI

** FOREIGN APPLICATIONS *****

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yes RI

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 5	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS

22428
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TITLE

Passenger safety device for a vehicle

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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